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Bib Data Sheet

|                             |                                       |              |                        |                                |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/695,145 | FILING DATE<br>10/28/2003<br><br>RULE | CLASS<br>422 | GROUP ART UNIT<br>1641 | ATTORNEY<br>DOCKET NO.<br>6149 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|

APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/21/2004

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>5 | TOTAL<br>CLAIMS<br>25 | INDEPENDENT<br>CLAIMS<br>2 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged  
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TITLE  
 Lateral flow immunoassay device

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|----------------------------|---|--|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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